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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/721,764	
	Filing Date	November 25, 2003	
	First Named Inventor	Bedard, Stephane	
	Art Unit	3738	
	Examiner Name	David H. Willse	
Total Number of Pages in This Submission		Attorney Docket Number	16616/76234

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form 1449
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Devine, Millimet & Branch, P.A.		
Signature			
Printed name	Raymond I. Bruttomesso, Jr.		
Date	4 JANUARY 2007	Reg. No.	33,840

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : BEDARD, Stephane
Serial No.: 10/721,764

Art Unit : 3738
Examiner : WILLSE, David
H.

Filed : 11/25/2003
Title : Actuated Prosthesis For Amputees

Docket No.: 16616/76234

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR 1.97 and 1.98

Dear Sir:

CONTENT OF INFORMATION DISCLOSURE STATEMENT - 37 CFR 1.98

Pursuant to 37 CFR 1.98(a), this Information Disclosure Statement includes PTO Form 1449 listing all patents, publications, applications, or other information submitted for consideration by the Office and a copy of each foreign patent, publication other than the U.S. patent and patent application publication, or other information required to be submitted.

FILING OF INFORMATION DISCLOSURE STATEMENT - 37 CFR 1.97

Filed Under 37 CFR 1.97(b)(4)

Pursuant to 37 CFR 1.97(b)(4), this Information Disclosure Statement is being filed before the mailing of the first Office Action after the filing of the Request for Continued Examination under §1.114.

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Carol Andrews
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The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 04-0932 (Reference Number 16616/76234).

Respectfully submitted,

Date: 4 JANUARY 2007

By: 
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